Public Health Association of Australia: Policy-at-a-glance – Primary Health Care Policy

Key messages:
1. Comprehensive primary health care is a whole of system, interdisciplinary partnership approach to health and wellbeing. It incorporates health promotion, the prevention of illness, and primary clinical care while focusing on a person-centred approach.

2. Insufficient primary health care resources (financial and workforce) and services can increase morbidity and mortality, and so add to the cost of secondary and tertiary treatment and care.

3. Strengthening health promotion and disease prevention will improve individual and population health and wellbeing.

4. PHAA is supportive of actions that provide incentives to health services with direction to prioritise attention to the social determinants of health, public and primary health, health promotion and early intervention.

5. An Australian primary health care strategy and appropriately resourced operational framework is needed as a priority.

Summary: This policy advocates for promoting a wider understanding within the community of the meaning and intent of the principles of comprehensive primary health care. It seeks to ensure that Australia effectively implements a National Primary Health Care Strategy based on the principles outlined in this policy.

Audience: Federal, State and Territory Governments, policy makers and program managers.

Responsibility: PHAA’s Primary Health Care Special Interest Group (SIG).

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Primary Health Care Policy Statement

The Public Health Association of Australia notes that:

1. Primary Health Care (PHC) is founded on the interconnecting principles of equity, access, empowerment, community self-determination and intersectoral collaboration. It encompasses an understanding of the social, environmental, economic, cultural and political determinants of health. Comprehensive primary health care incorporates health promotion, the prevention of illness, and primary clinical care. It uses strategies to enhance individual and community control over health and wellbeing, through a person-centred approach.

2. The World Health Organization (WHO) Declaration of Alma Ata, World Health Report on Primary Health Care and the Shanghai Declaration are the foundations for this policy.

3. Universal access to Primary Health Care is a fundamental Human right.

4. Clean air and water, adequate nutrition, sanitation, meaningful employment, adequate housing, safety and social support, and access to appropriate primary health care are essential for good health.

5. Universal access to primary health care contributes to improving the health of disadvantaged and vulnerable groups and is an essential responsibility of governments.

6. Conflict, violence and war impact negatively on health and reduce opportunities for good health. Peace and cooperation are essential to maintain and promote good health.

7. Investment in primary health care promotes social justice and equity that protects and enhances the public’s health and contributes to social and economic development.

8. The social, environmental, cultural, political, legislative, economic, physical and demographic context and the ability to participate meaningfully, underpins the efficiency and effectiveness of primary health care.

9. Environmental health, in both natural and built environments, is inextricably linked to human health and wellbeing.

10. Aboriginal Community Controlled Health Organisations are a leading model of comprehensive PHC in Australia, pre-dating the Alma Ata Declaration.

The Public Health Association of Australia affirms the following principles:

11. PHC policy:

   a. Supports the provision of comprehensive primary health care services, including oral health, that are equitable, fair and not provided on the basis of people’s ability to pay.
b. Recognises that comprehensive primary health care is based on a broader socio-economic and environmental understanding of health, and should be the foundation of a coordinated health system.

c. Advocates for and addresses societal and contextual factors that promote and sustain good health, as well as the delivery of primary, secondary and tertiary health care.

d. Supports collaborations between health agencies, all levels of government, citizens and non-health sectors at local, jurisdictional, national and international levels.

e. Supports informed citizens and community involvement in health care system decisions and is delivered in a person-centred approach.

f. Ensures that health care priorities meet immediate and longer term population health needs, particularly for vulnerable and disadvantaged communities.

g. Promotes accountability by investing in monitoring, research, training and evaluation of inputs, process, outputs and outcomes.

The Public Health Association of Australia believes that the following steps should be undertaken:

12. Development of a national primary health care policy as an essential driver to recognise and integrate community primary health care sectors. To date Australia’s efforts to develop a national policy have not clearly articulated the definition and understanding of comprehensive primary health care and have not had adequate bipartisan support.

13. All jurisdictions should support and drive health services to put greater emphasis on addressing the determinants of health, health promotion, early intervention and person-centred care. This would improve the health of individuals and populations, reduce reliance on and expenditure in secondary and tertiary care through reduced demand, as well as improving economic prosperity.

14. Invest in appropriately skilled primary health care workforce development and research in Australia. In particular, the current health systems lacks robust outcome indicators for primary health care.

15. Address barriers to universal access to primary health care services and improve access to affordable and functional safe housing, meaningful employment and social inclusion, to redress the current inequities in the population’s health.

16. Universal access through Medicare should be maintained and strengthened. Private health insurance incursions tend to favour the insured and have important implications for equity (PHAA PHT policy).

17. Address the systemic structural barriers to realisation of the principles of primary health care in Australia. These include:

a. Parallel and inconsistent federal and state/territory involvements in program administration and cost-shifting between jurisdictions;
b. Dominance of short-term project grants in funding of models to improve health outcomes through primary health care and lack of systematic longitudinal evaluations of successful models;

c. Parallel and uncoordinated systems of primary health care service and delivery;

d. Undue pressure on primary health care services to meet the needs of hospital avoidance and post-acute care at the expense of comprehensive primary health care;

e. Lack of meaningful community and citizen engagement in planning, management and evaluation of policies and services;

f. Primary medical services acting as the driver for decision making about primary health care, and;

g. Insufficient funding for research into determinants of health and wellbeing.

18. Primary Health Networks (PHNs) have a key role in development of the above activities and should be supported to carry out these roles based on comprehensive primary health care principles.

The Public Health Association of Australia resolves to undertake the following actions:

19. Encourage the promotion of a wider understanding of the applicability of the principles of primary health care, and promote collaboration among primary health care providers to achieve implementation of the above recommendations.

20. Seek collaboration with other agencies and stakeholders to strengthen awareness, interest in, and action to promote primary health care in relevant settings.

21. Seek and encourage community partnerships in the shaping, designing, implementing and evaluating of primary health care services.

22. Advocate for a National Primary Health Care Strategy and appropriately resourced operational frameworks.

23. Further develop and strengthen relationships with PHNs in their role as key local drivers of primary health care policy.


First adopted at the 1992 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2017 policy review process.
References

4. United Nations, editor Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. 9th Global Conference on Health Promotion; 2016 21-24 November; Shanghai.
7. World Health Organization, editor Adelaide Recommendations on Healthy Public Policy. Second International Conference on Health Promotion; 1988 5-9 April; Adelaide, South Australia.